

103
 MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/15/64/2131

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | | 51 | | | | | | |
| 2 | | — | | | | | 52 | | | | | | |
| 3 | | 1 | | | | | 53 | | | | | | |
| 4 | | — | | | | | 54 | | | | | | |
| 5 | 1 | | | | | | 55 | | | | | | |
| 6 | | — | | | | | 56 | | | | | | |
| 7 | | — | | | | | 57 | | | | | | |
| 8 | 1 | | | | | | 58 | | | | | | |
| 9 | | — | | | | | 59 | | | | | | |
| 10 | | — | | | | | 60 | | • | | | | |
| 11 | | — | | | | | 61 | 1 | | | | | |
| 12 | | — | | | | | 62 | 1 | | | | | |
| 13 | | — | | | | | 63 | 1 | | | | | |
| 14 | | — | | | | | 64 | | | | | | |
| 15 | 1 | | | | | | 65 | | | | | | |
| 16 | | — | | | | | 66 | | | | | | |
| 17 | | — | | | | | 67 | | | | | | |
| 18 | 1 | | | | | | 68 | | | | | | |
| 19 | | — | | | | | 69 | | | | | | |
| 20 | | — | | | | | 70 | | | | | | |
| 21 | | — | | | | | 71 | | | | | | |
| 22 | | — | | | | | 72 | | | | | | |
| 23 | | — | | | | | 73 | | | | | | |
| 24 | | — | | | | | 74 | | | | | | |
| 25 | | — | | | | | 75 | | | | | | |
| 26 | | — | | | | | 76 | 1 | | | | | |
| 27 | | — | | | | | 77 | | | | | | |
| 28 | 1 | | | | | | 78 | | | | | | |
| 29 | | — | | | | | 79 | | | | | | |
| 30 | | — | | | | | 80 | 1 | | | | | |
| 31 | | — | | | | | 81 | | | | | | |
| 32 | | — | | | | | 82 | | | | | | |
| 33 | | — | | | | | 83 | | | | | | |
| 34 | | — | | | | | 84 | 1 | | | | | |
| 35 | 1 | | | | | | 85 | | 1 | | | | |
| 36 | | — | | | | | 86 | | 1 | | | | |
| 37 | | — | | | | | 87 | | | | | | |
| 38 | 1 | | | | | | 88 | | | | | | |
| 39 | | — | | | | | 89 | | | | | | |
| 40 | | — | | | | | 90 | 1 | | | | | |
| 41 | | — | | | | | 91 | | | | | | |
| 42 | | — | | | | | 92 | 1 | | | | | |
| 43 | | — | | | | | 93 | 1 | | | | | |
| 44 | | — | | | | | 94 | | | | | | |
| 45 | 1 | | | | | | 95 | | 1 | | | | |
| 46 | | — | | | | | 96 | | 1 | | | | |
| 47 | | — | | | | | 97 | 1 | | | | | |
| 48 | | — | | | | | 98 | | — | | | | |
| 49 | | — | | | | | 99 | 1 | | | | | |
| 50 | | — | | | | | 100 | | — | | | | |
| TOTAL IND. | | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | | ← | | ← | | ← | TOTAL DEP. | | ↓ | | ↓ | | ↓ |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | | |

20.3
 MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/15/64/431

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 101 | | | | | | | 151 | | | | | | |
| 102 | | | | | | | 152 | | | | | | |
| 103 | | | | | | | 153 | | | | | | |
| 104 | | | | | | | 154 | | | | | | |
| 105 | | | | | | | 155 | | | | | | |
| 106 | | | | | | | 156 | | | | | | |
| 107 | | | | | | | 157 | | | | | | |
| 108 | | | | | | | 158 | | | | | | |
| 109 | | | | | | | 159 | | | | | | |
| 110 | | | | | | | 160 | | | | | | |
| 111 | | | | | | | 161 | | | | | | |
| 112 | | | | | | | 162 | | | | | | |
| 113 | | | | | | | 163 | | | | | | |
| 114 | | | | | | | 164 | | | | | | |
| 115 | | | | | | | 165 | | | | | | |
| 116 | | | | | | | 166 | | | | | | |
| 117 | | | | | | | 167 | | | | | | |
| 118 | | | | | | | 168 | | | | | | |
| 119 | | | | | | | 169 | | | | | | |
| 120 | | | | | | | 170 | | | | | | |
| 121 | | | | | | | 171 | | | | | | |
| 122 | | | | | | | 172 | | | | | | |
| 123 | | | | | | | 173 | | | | | | |
| 124 | | | | | | | 174 | | | | | | |
| 125 | | | | | | | 175 | | | | | | |
| 126 | | | | | | | 176 | | | | | | |
| 127 | | | | | | | 177 | | | | | | |
| 128 | | | | | | | 178 | | | | | | |
| 129 | | | | | | | 179 | | | | | | |
| 130 | | | | | | | 180 | | | | | | |
| 131 | | | | | | | 181 | | | | | | |
| 132 | | | | | | | 182 | | | | | | |
| 133 | | | | | | | 183 | | | | | | |
| 134 | | | | | | | 184 | | | | | | |
| 135 | | | | | | | 185 | | | | | | |
| 136 | | | | | | | 186 | | | | | | |
| 137 | | | | | | | 187 | | | | | | |
| 138 | | | | | | | 188 | | | | | | |
| 139 | | | | | | | 189 | | | | | | |
| 140 | | | | | | | 190 | | | | | | |
| 141 | | | | | | | 191 | | | | | | |
| 142 | | | | | | | 192 | | | | | | |
| 143 | | | | | | | 193 | | | | | | |
| 144 | | | | | | | 194 | | | | | | |
| 145 | | | | | | | 195 | | | | | | |
| 146 | | | | | | | 196 | | | | | | |
| 147 | | | | | | | 197 | | | | | | |
| 148 | | | | | | | 198 | | | | | | |
| 149 | | | | | | | 199 | | | | | | |
| 150 | | | | | | | 200 | | | | | | |
| TOTAL IND. | | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | | |

3/23
 MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/16/4431

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 101 | | | | | | | 151 | | | | | | |
| 102 | | | | | | | 152 | | | | | | |
| 103 | | | | | | | 153 | | | | | | |
| 104 | | | | | | | 154 | | | | | | |
| 105 | | | | | | | 155 | | | | | | |
| 106 | | | | | | | 156 | | | | | | |
| 107 | | | | | | | 157 | | | | | | |
| 108 | | | | | | | 158 | | | | | | |
| 109 | | | | | | | 159 | | | | | | |
| 110 | | | | | | | 160 | | | | | | |
| 111 | | | | | | | 161 | | | | | | |
| 112 | | | | | | | 162 | | | | | | |
| 113 | | | | | | | 163 | | | | | | |
| 114 | | | | | | | 164 | | | | | | |
| 115 | | | | | | | 165 | | | | | | |
| 116 | | | | | | | 166 | | | | | | |
| 117 | | | | | | | 167 | | | | | | |
| 118 | | | | | | | 168 | | | | | | |
| 119 | | | | | | | 169 | | | | | | |
| 120 | | | | | | | 170 | | | | | | |
| 121 | | | | | | | 171 | | | | | | |
| 122 | | | | | | | 172 | | | | | | |
| 123 | | | | | | | 173 | | | | | | |
| 124 | | | | | | | 174 | | | | | | |
| 125 | | | | | | | 175 | | | | | | |
| 126 | | | | | | | 176 | | | | | | |
| 127 | | | | | | | 177 | | | | | | |
| 128 | | | | | | | 178 | | | | | | |
| 129 | | | | | | | 179 | | | | | | |
| 130 | | | | | | | 180 | | | | | | |
| 131 | | | | | | | 181 | | | | | | |
| 132 | | | | | | | 182 | | | | | | |
| 133 | | | | | | | 183 | | | | | | |
| 134 | | | | | | | 184 | | | | | | |
| 135 | | | | | | | 185 | | | | | | |
| 136 | | | | | | | 186 | | | | | | |
| 137 | | | | | | | 187 | | | | | | |
| 138 | | | | | | | 188 | | | | | | |
| 139 | | | | | | | 189 | | | | | | |
| 140 | | | | | | | 190 | | | | | | |
| 141 | | | | | | | 191 | | | | | | |
| 142 | | | | | | | 192 | | | | | | |
| 143 | | | | | | | 193 | | | | | | |
| 144 | | | | | | | 194 | | | | | | |
| 145 | | | | | | | 195 | | | | | | |
| 146 | | | | | | | 196 | | | | | | |
| 147 | | | | | | | 197 | | | | | | |
| 148 | | | | | | | 198 | | | | | | |
| 149 | | | | | | | 199 | | | | | | |
| 150 | | | | | | | 200 | | | | | | |
| TOTAL IND. | 0 | | ↓ | | ↓ | | TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 4 | | ← | | ← | | TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | | |